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Report of a National Workshop on

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**Assessment Strategies in Undergraduate
Medical Education**

March 29 - 31, 1990

***Center for Medical Education & Technology
All India Institute of Medical Sciences
New Delhi, 110029 , India***

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Report of a National Workshop on

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Center for Medical Education & Technology
All India Institute of Medical Sciences
New Delhi, 110029, India

Report of a National Workshop on

Assessment Strategies in Undergraduate
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Center for Medical Education & Technology
All India Institute of Medical Sciences
New Delhi-110029, India

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ASSESSMENT STRATEGIES UNDERGRADUATE MEDICAL EDUCATION
March 29-31, 1990**

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Dr. A.Jayaswal
Dr. O.P.Kharbanda

The organizing committee acknowledges
with gratitude the financial assistance
provided by the World Health Organisation,
Ministry of Health and Family Welfare
for conducting this workshop.

**Report of the Workshop on "Assessment Strategies in
Undergraduate Medical Education " - March 29-31, 1990**

INTRODUCTION

Assessment is to education what quality control is to industry. But the similarity is only superficial. In education, the product is human, the faculties to be assessed are often intangible, and the assessment can never be 'final' because the product is capable of self-improvements . Accordingly, some of the assessment is merely meant to tell the student where he stands, and to motivate him to improve in a 'desirable' direction. But in the formal system of education, there are milestones at which a final assessment must be made. The final assessment determines first , whether the student knows at least a certain minimum, and second where the student stands in relation to his class. The pitfalls of the procedure stem from the fact that it is based on assessment of a small arbitrary sample of knowledge by an individual whose judgement is not infallible. During the last few decades, Educationists have made enormous progress in improving the instruments of assessment so that a sufficiently large sample of knowledge can be assessed in an objective manner. Medical teachers are not trained teachers, and are therefore, frequently unaware of the nuances of the different instruments of assessment. For medical teachers, expertise in assessment is all the more important because examining medical students is more than an academic exercise. Medical students not only have to learn a lot and know how to learn more, they also have to be competent in a variety of

skills. Their knowledge and skills determine their ability to deal with matters of life and death. Therefore, rigorous and objective assessment of medical students prior to certification is a social obligation. Keeping the importance of assessment in mind and the fact that the current state of affairs is unsatisfactory in this respect, the Centre for Medical Education & Technology (CMET) held a workshop on "Assessment Strategies in Undergraduate Medical Education " with the following objectives:

OBJECTIVES OF THE WORKSHOP:

Objectives of the Workshop were:

- i) critical examination of the traditional tools of assessment.
- ii) consideration of objectivisation of the current instruments of assessment.
- iii) initiating innovations in assessment of clinical and laboratory skills.
- iv) creating an awareness of the need for assessment of student attitudes.

Day I - 29th March, 1990

Preconference Questionnaire

Before the workshop was formally inaugurated, all participants were administered a pre-conference questionnaire (Appendix 1) to evaluate their attitudes to and awareness of innovations in assessment strategies.

Inaugural Session

The inaugural session started with a **welcome address** by Professor B.N.Tandon, Dean, AIIMS, who touched upon the current status of undergraduate medical education in Indian Universities. Prof. Sneh Bhargava, Director , AIIMS highlighted the **objectives** of the workshop and impressed upon them the need for retrospection into what is going on currently in all medical colleges in India. She also hoped that with similar workshops and the activation of the network established among teaching institutions in India, a new scenario would emerge in the near future.

The first **key note address** to the workshop was given by Dr. S.D.Sharma, Dy. Director General of Health Services (Medical Education). Dr. Sharma gave a national perspective of medical education as envisaged by the Ministry over the various five year plans. He cautioned the audience about the increasingly casual attitude of planners and educators and the profession itself to the standard of medical education. The second **keynote address** was given by Prof. H.D.Tandon, Chairman, Academic Committee of AIIMS and former President of the National Academy of Medical Sciences. In a comprehensive lecture, he illustrated lucidly the basic features of evaluation with special reference to medical education.

Various aspects of current evaluation methods were systematically presented and strategies to objectivise them were brought out. He also evolved the basic features of an ideal evaluation system which should identify the qualities of the product that is desired. In a nutshell, Dr. Tandon, through a splendid analysis, opened the vistas for discussion for next two days.

Dr. Brian D'Monte initiated the self introduction of all participants (Appendix 2), who were present. Most participants were senior members of faculty representing all parts of the country. The inaugural session came to a close with vote of thanks by Dr. U.Nayar.

Session 1 : Assessment Through Essays:

The first scientific session was on traditional methods of assessment. Dr. P.S.N.Menon introduced the topic of "Assessment through essays". He discussed briefly merits and demerits of the most widely used method of assessment in medical education. Methods which can improve the quality of essay questions such as structuring by either restricted or extended response questions were illustrated with examples. Methods such as modified essay questions by which the essays could be objectivised were also presented.

Group Discussion

Following this the participants were divided into 3 groups of preclinical, paraclinical and clinical faculty. Faculty from CMET (Appendix 3) acted as resource persons to do various assignments related to essay questions. These included evaluation of an answer to a previous traditional essay question answered by a student. The group observed the

extreme degree of variability among the faculty in evaluating the essay questions. They worked on improving the structure of traditional essay questions and preparation of essay questions in the new format. Thereafter the participants reassembled and critically evaluated the usefulness of these techniques and their applications in the current set up. In general the groups were in favour of structured essay questions and use of check lists prepared in advance.

Session 2 : Assessment Through Short Answer Questions

This session was conducted by Brian D'Monte. He defined the term short answer questions (SAQ), explained at length what can be achieved by their use in the medical curriculum. Examples of various types of SAQs were presented and merits and demerits were lucidly explained. Their usefulness, validity and reliability were discussed.

Group Discussion

Thereafter the three groups critically evaluated a set of SAQs prepared and collected by Dr. D'Monte and his team and had hands-on experience in constructing SAQs related to individual specialities. In the discussion that followed the participants were highly appreciative of this novel technique and were eager to introduce it in their examinations. There was a detailed discussion on the evaluation of SAQs .The group as a whole appreciated the importance of incorporating SAQs in the present examination system.

Session 3 : Multiple Choice Questions:

Dr. Kusum Verma illustrated the nuances of this objective instrument of assessment, which is now being increasingly utilised for selection procedures. The structure and various types of MCQs, their advantages and scope as well as disadvantages and limitations were illustrated by examples. The problems inherent to MCQs such as evaluation and setting pass marks were also highlighted. She provided a check list for preparing MCQs and the various types of evaluation formats.

Group Discussion

In the group assignment that followed, she and her colleagues provided a variety of MCQs covering all disciplines. These questions were critically analysed by the participants. Many of these questions were flawed. The participants were encouraged to discover and eliminate the flaws through their own efforts. They also prepared MCQs concerning their specialities and analysed them and presented them to the whole group.

Day II - 30th March, 1990

Session 4 : Evaluation of MCQs

A major problem facing a teacher in present circumstances is the process of evaluation of MCQs. Dr.N.Ananthakrishnan from NTTC, JIPMER, Pondicherry introduced to the participants the concepts of validation and item analysis such as prevalidation, postvalidation and key validation with respect to MCQs. The principles of item analysis were brought forth convincingly using illustrative

examples. The terms difficulty index and discrimination index were explained in simple terms and methods to improve the quality of questions were discussed.

Group Discussion

Following this inspiring lecture, the participants in groups had a hands-on experience of critically evaluating actual answer sheets of MCQ examinations, and calculating various indices. The discussion inevitably led on to principles and utility of **question banking**. For most medical teachers this was the first time a concept of **item analysis** and validation was presented and they thoroughly enjoyed the group session on correcting and rewriting their own questions.

Summing up session : Attributes of a good question paper - recent experiences

Dr. B.V. Adkoli from NTTC, JIPMER, Pondicherry addressed the gathering regarding the attributes of a good question paper. In a simple inspiring lecture, he addressed the key issues facing an examiner - why we need reforms , what can be done , and how to go about it .He critically evaluated the problems of validity, reliability and objectivity in the present set up and the need for innovations . He stressed the importance of the role of individuals, departments, institutions and universities in this regard. The discussion that followed generally expressed the sentiments of participating faculty regarding the felt need for reforms in assessment.

Session 5 : Assessment of Practical Skills:

The importance of innovations in practical and clinical examinations were introduced by Dr. Usha Nayar. In a splendid analysis Dr. Nayar highlighted the importance of ensuring competence in skills involved in investigative and treatment procedures in the future doctor. It is ironic that the mastery of skills which is painstakingly imparted throughout the training period is ignored at the time of assessment. A pioneer of the newly developed technique of objective structured practical examination (OSPE) , Dr. Nayar explained lucidly the technique of OSPE to the participants. Examples of various stations and methods of preparation were shown.

Demonstration of OSPE

The introductory session was followed by a superb demonstration of an OSPE in physiology with active involvement of the preclinical faculty and undergraduate students of AIIMS. A total of 16 stations were set up. The participants witnessed the demonstration of the exercise, analysed and critically evaluated the usefulness of this examination method. Subsequently , in group sessions they tried to prepare their own OSPE stations which were critically evaluated by other members of the group.

Session 6 : Assessment of Clinical Skills

Following the demonstration of OSPE in a preclinical subject, Dr. N. Ananthakrishnan from Pondicherry evaluated the current practice of clinical examination which is being

criticised by both teachers and students as inappropriate to the present needs. He demonstrated by examples how a similar examination could be conducted in clinical setting using an objective structured clinical examination (OSCE).

Demonstration of OSCE

Demonstration of OSCE was organised by Dr. T.K. Chatterjee other members of the clinical faculty of AIIMS. A total of 22 stations were set up. Undergraduate students took the mock examination. The delegates in groups of two each moved with each student from one station to another. This novel method of objective assessment of clinical skills was highly appreciated by the participating faculty.

Session 7 : OSPE/OSCE

Following the demonstrations, the participants in groups made a paper and pen exercise of creating similar OSCE stations in their respective fields of interest and had a critical evaluation of each of them. In the ensuing general discussion the merits and demerits of OSCE compared to traditional methods of assessment were highlighted. There was a general agreement that OSPE and OSCE eliminates subjectivity, increases objectivity, validity and reliability. The apprehensions of delegates regarding the organizational skill needed for conduct of such examinations were removed .

Day III - 31st March, 1990

Session 8 : Viva Voce

The Day started with the discussion on the most disputed area of examinations, the viva-voce. Dr. L.M.Nath, in his guest lecture critically evaluated the origin and

pattern of oral (viva - voce) examinations. A good viva voce examination should 1) test the students, especially comprehension of knowledge and application and to some extent the attitudes 2) discriminate between the students at different levels, and 3) satisfy both students and teachers. He discussed the characteristics of "structured viva" which is in the process of evolution.

Session 9 : Assessment of Attitudes

Keynote address was delivered by Dr. G.G.Prabhu from NIMHANS, Bangalore. He pointed out that systematic efforts to assess attitudes have been "few and new" . He also discussed the difficulties in assessing attitudes. Many of the available methods do not assess **valence** or **multiplexity** of attitudes. Several formats of attitudes were discussed and two of them were demonstrated subsequently by Dr. M.Mehta and Dr. K.K.Deepak . One of them was based on analysis of attitude of students towards OSPE. The group discussion following the session indicated that participants were keen to introduce **attitude assessment** in their curriculum. However, they felt that this would need co-operation from Universities and expert guidance.

Session 10 : Evaluation of Teaching

While the assessment of the product of the educational process is often the focus of much attention, evaluation of the process itself has been largely ignored. Dr. Usha Nayar in her guest lecture on "**Evaluation of Teaching and Validity of Evaluation methods**" described the pros and cons of evaluation of teaching whether it is done by teachers,

students or peers. The problem of bias in this type of evaluation is difficult to solve. However, this could be used to evaluate the course if suitably modified and adopted. There was intense discussion at the end of the talk , as many participants felt that the time is not ripe for such steps. However, Dr. Nayar could alleviate many of their worries by a superb demonstration of the procedure carried out in department of physiology, AIIMS.

Postconference Questionnaire

Following this session the feedback evaluation of the workshop was carried by circulating a postconference questionnaire (Appendix 2)

Valedictory Session : Panel Discussion

In the afternoon a panel discussion was held under the chairmanship of Dr. S.D.Sharma on strategies for objectivization and standardization of assessment in undergraduate medical education. The panelists included Dr. B.K.Maini , Dr. M.P.Vaidya and Dr. S.L.Verma . Dr. Maini provided a critical evaluation of the product as evidenced by the performance of students in the National Board of Examinations and suggested measures for improvement. Dr. Vaidya highlighted the problems of standardization in the present set up with multiplicity of administration and lack of trained personnel. Dr. Verma projected the MCI guidelines and lack of effort by medical faculty to suitably modify current systems for better objectivity.

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The valedictory function was chaired by Dr. S.D.Sharma. The participants were informed about the feed back on the workshop. The participants suggested that similar workshops be concluded frequently at AIIMS for training of medical faculty in innovative methods in assessment. The workshop was conducted by Dr. Prem Chopra with a vote of thanks.

CONCLUDING COMMENT

It is gratifying to report that all the objectives enunciated for the Workshop were achieved to a great extent in this Workshop.

Appendix 1a

PRE WORKSHOP QUESTIONNAIRE

Objective :

This pretest questionnaire is designed to elicit background information of educational processes in your college and your own perception of some terms related to assessment

1. Number of MBBS students admitted every year:
2. Duration of MBBS course:
 1. Preclinical :
 2. Paraclinical:
 3. Clinical :
3. Do you have regular in-course (internal) assessment? Yes/No
 If yes, is it:
 - a. at the end of the semester Yes/No
 - b. during midsemester and at the end of the semester Yes/No
 - c. at the end of the semester with periodic "surprise tests" Yes/No
 - d. any other method, specify _____
4. Is the in-course assessment given any weightage in the final examination ? Yes/No
 If yes, how much ?
5. Do you have feed back sessions for students after the examination ? Yes/No
 If yes - Theory Yes/No
 Practical Yes/No
 Who conducts them ?
6. The distribution of marks in theory papers in the final examination (in %)

	Internal	Final
a. essay type questions	_____	_____
b. multiple choice questions (MCQ)	_____	_____
c. short answer questions (SAQ)	_____	_____
d. any other method, specify	_____	_____

Contd...

7. Are the practicals assessed by :
- A Pre and Paraclinical subjects (tick most appropriate answer)
- Classical performance of an experiment (CPE)
 - CPE with problem solving exercises
 - Spotting and CPE
 - Objective Structured Practical Examination (OSPE)
 - CPE and OSPE
 - Any other innovative method _____
- B Clinical subjects (tick most appropriate answer)
- Long case only
 - Long case and short cases
 - Long case, short case and spotting
 - Objective structured clinical examination (OSCE)
 - Long case and OSCE
8. Do you have any check lists to assess the students performance in these experiments/clinical examination ? Yes/No
9. Viva-Voce examinations
- conducted by
 - Internal examiner
 - External examiner
 - Combination of both
 - Time allotted per student.
 - If more than one teacher is involved then how is the system organised ?
 - Teachers sit in separate rooms
 - Teachers sit together
 - Students are assessed
 - singly
 - in groups
 - Is the viva structured ? Yes/No
If yes, in what way

If no, how is it conducted
10. Do you assess attitude of medical students (affective domain) in you Curriculum ? Yes/No
- If yes, please specify
- -
 -

Contd....

- Yes/No

- Students
- Peers

13. The cognitive level of learning outcome assessed by the present system in your institution is :

	Theory	Practical/Clinical	Viva
Knowledge	--	--	--
Recall	--	--	--
Comprehension	--	--	--
Synthesis	--	--	--
Analysis	--	--	--
Application	--	--	--
Evaluation	--	--	--

14. Given below are some terms commonly used in assessment. We will appreciate if you could describe or define as many as you can.

1. Assessment
2. Criterion - referencing
3. Essay question
4. Evaluation
5. Grading
6. Item analysis
7. Modified essay question
8. Multiple choice question
9. Norm referencing
10. Objective test
11. Reliability
12. Short answer question
13. Structured essay question
14. Validity

Appendix 1b

PREWORKSHOP EVALUATION

Total number of participants	:	25
Proforma filled up and returned by	:	20
1. Number of UG Medical Students admitted per year :		
50 or less	:	4
51-100	:	5
101-150	:	7
151 or more	:	3
Not known	:	1
2. Duration of UG curriculum	:	4 1/2 years
3. Regular internal assessment	:	17
End-Semester Internal assessment	:	8
4. Weightage of internal assessment in final examination	:	10-50%
5. Organised feedback sessions from students	:	6
6. Theory Examination:		
Essay questions	:	50% marks in Final/ internal (Internal: External = 20:80)
Short answer questions	:	50%
M.C.Q.	:	Nil
7. Practical Examination:		
Method of assessment:		
Pre + Para Clinical	:	Spotting + CPE
Clinical	:	Long & short cases, spotting.
Check list	:	only by 4
8. Viva Voce:		
Conducted by	:	both internal & External Examiner
Time	:	5-40 minutes/candidate
Method	:	Examiners combined/ student singly
9. Attitude assessment:		
Conducted by	:	Only 2 medical colleges
10. Evaluation of Teaching:		
Number of colleges	:	3
Conducted by	:	students : 2 Peers : 1
11. Use of Innovative methods by participants:		
1. M.C.Q.		
2. Clinical Quiz		

Appendix 2

List of Participants

S.NO.	NAME	DESIGNATION	SPECIALITY	PLACE
1.	Dr. Agarwal A.K.	Associate Prof.	ENT	New Delh
2.	Dr. Anand Kumar	Reader	Surgery	Varanasi
3.	Dr. Bais A.S.	Professor & Head	ENT	New Delh
4.	Dr. Bedi B.M.S.	Vice Principal, Director & Professor	Skin & V.D.	New Delh
5.	Dr. Bhargava, K.D.	Professor	Medicine	Indore
6.	Dr. Bhargava S.	Professor	Pathology	Indore
7.	Dr. Desai , M.T.	Reader	Medicine	Ahmedaba
8.	Dr. Dhar G.L.	Professor	Physiology	Jammu
9.	Dr. Dewoolkar V.V.	Professor	Surgery	Bombay
10.	Dr. Gupta S.	Professor & Head	Ophthalmo- logy	Jammu
11.	Dr. Joshi V.D.	Associate Prof.		Bombay
12.	Dr. Kaul, P.	Asstt. Prof.	Anatomy	Srinagar
13.	Dr. Khilanani G.	Associate Prof.	Pharmacology	Ajmer
14.	Dr. Krishnan N.R.	Dean & Medical Supdt.	Medicine	Coimbato
15.	Dr. Maddali K.	Reader	Anatomy	Bombay

Contd...

16.	Dr. Mehta S.P.	Emeritus Scientist	PSM	New Delh
17.	Dr. Mohapatra, S.C.	Assoc. Prof.	PSM	Varanasi
18.	Dr. Natu M.V.	Reader	Pharmacology	Ludhian
19.	Dr. Oza, P.G.	Reader	Physiology	Ahmedab
20.	Dr. Pandey B.S.	Professor	Anatomy	Rohtak
21.	Dr. Singh Daljit	Asst. Prof.	Pediatrics	Ludhiana
22.	Dr. Singh Tejinder	Lecturer	Pediatrics	Ludhiana
23.	Dr. Siwach S.B.	Associate Prof.	Medicine	Rohtak
24.	Dr. Surange S.G.	Professor	Physiology	New Delh
25.	Dr. Vaidya M.P.	Director	Surgery	Varanasi
26.	Dr. Verma S.L.	Principal & Professor	Medicine	Jammu

Appendix 3

RESOURCE FACULTY

CENTRE FOR MEDICAL EDUCATION & TECHNOLOGY

Dr. T.K.Chatterjee
Assoc. Prof., Surgery

Dr. Prem Chopra
Assoc. Prof., Pathology

Dr. Das Nibriti
Asstt. Prof., Biochemistry

Dr. K. K.Deepak
Asstt. Prof. , Pathology

Dr. Vishwa Dev
Asstt. Prof., Cardiology

Dr. Brian D'Monte
Addl. Prof., Biochemistry

Dr. D.P.Dureja
Asstt. Prof., Anaesthesiology

Dr. S.P.Garg
Assoc. Prof., Ophthalmology

Dr. Anil K. Gupta
Asstt. Prof. ,Hosp. Admn.

Dr. Arun K. Gupta
Assoc. Prof. , Radiology

Dr. Aravind Jayaswal
Asstt. Prof., Orthopedics

Dr. Kusum Kapila
Assoc. Prof. , Pathology

Dr. O.P.Kharbanda
Asstt. Prof., Dental Surgery

Dr. Vijaya L. Kumar
Asstt. Prof., Pharmacology

Dr. Jenifer Lobo
Assoc. Prof.,Comm. Medicine

Dr. Vir Bala Manhas
Asstt. Prof., Anatomy

Dr. Manju Mehta
Assoc. Prof., Psychiatry

Dr. P.S.N.Menon
Assoc. Prof.,Psychiatry

Dr. Sunita Mittal
Assoc. Prof., Obst. & Gyne

Dr. Swapna Naskar
Lecturer,College of Nursing

Dr. Usha Nayar
Prof., Physiology

Dr. Vinod K .Paul,
Asstt. Prof.,Pediatrics

Dr. Ashok Rattan
Asstt. Prof., Microbiology

Dr. Usha Sabharwal
Addl. Prof.,Anatomy

Dr. S.K.Sharma
Assoc. Prof.,Medicine

Dr. Bir Singh
Asstt. Prof., Comm.Medicine

Dr. Rita Sood
Asstt. Prof.,Family Medicine

Dr. D.A.Tandon
Asstt. Prof., ENT

Dr. A.K.Tripathi
Asstt. Prof., Forensic Medic

Dr. Manju Vatsa
Lecturer, College of Nursing

Dr. Kusum Verma
Prof., Pathology

Appendix 3

GUEST FACULTY

Prof. B.V.Adkoli
National Teachers Training Centre
Jawaharlal Institute of Postgraduate
Medical Education and Research
Pondicherry: 605 006

Prof. J.N.Pande
Department of Medicine
All India Institute of Medical
Sciences,
New Delhi: 110 029

Prof. N.Ananthakrishnan
National Teachers Training Centre
Jawaharlal Institute of Postgraduate
Medical Education and Research
Pondicherry: 605 006

Prof. G.G.Prabhu
Department of Clinical Psycho
National Institute of Mental
Health & Neurological Science
Bangalore: 560 029

Prof. B.K.Maini
Executive Director
National Board of Examination
NAMS House
New Delhi: 110029

Prof. S.D.Sharma
Dy. Director (General)
Health Services (Medical Educ
M/o Health & Family Welfare
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Prof. A. Mukherjee
Director General Health Services
Ministry of Health and Family Welfare
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Prof. A.K.N.Sinha
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Prof. L.M.Nath
Centre for Community Medicine
All India Institute of Medical Sciences
New Delhi: 110 029

Prof. H.D.Tandon
Chairman, Academic Committee
All India Institute of Medical
Sciences,
New Delhi: 110 029

Appendix 4a

COURSE EVALUATION QUESTIONNAIRE

To assist us in planning a similar course in the future , we would be grateful for your frank opinions on this workshop. Please complete this questionnaire and return it to a member of the course faculty.

I. Please tick the appropriate space using the key provided

Response Key:

A	=	Less than I wanted
B	=	About right for me
C	=	More than I needed or could cope with

A B C

1. Quantum of theoretical knowledge provided was
2. The amount of practical exposure in proportion to theory discussed was
3. The overall utilization of time in each session was
4. The intellectual stimulus needed to complete the work was
5. The topics and material covered were
6. The time assigned to each session was

Suggestions for improvement:

1.

2.

3.

Contd...

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II. Please tick the appropriate space using the key provided

Response Key:			
X	=	Very	helpful
Y	=	Just	helpful
Z	=	Needs	improvement

X Y Z

- 1.Time table of course content
- 2.Course work book
- 3.Keynote addresses
- 4.Group work
- 5.Group organisation
- 6.Venue of group work
- 7.Audiovisual arrangements
- 8.Course administration
- 9.Additional reading material
- 10.Off time discussion

Suggestions for improvement:

- 1.
- 2.
- 3.

Contd..

III. Please tick the appropriate space using the key provided

Response key:

X	=	Very helpful
Y	=	Fairly helpful
Z	=	Needs improvement

Keynote address

Group Work

X Y Z X Y Z

1.Introductory lectures

2.Essay questions

3.Short answer questions

4.M.C.Q.

5.O.S.C.E./O.S.P.E.

6.Viva Voce

7.Attitudes

8.Evaluation of teaching

IV. Please list the major strengths of this course

1.

2.

3.

V. Please list the main weaknesses of this course

1.

2.

Appendix 4b

1. Please tick the appropriate space using the key provided

Response Key:

A	=	Less than 1 wanted
B	=	About right for me
C	=	More than 1 needed or could cope with

	A	B	C
1. Quantum of theoretical knowledge provided was	3	17	5
2. The amount of practical exposure in proportion to theory discussed was	5	19	2
3. The overall utilization of time in each session was	3	19	5
4. The intellectual stimulus needed to complete the work was	2	17	4
5. The topics and material covered were	1	19	4
6. The time assigned to each session was	4	12	9

Contd..

Response Key:

X	=	Very helpful
Y	=	Just helpful
Z	=	Needs Improvement

	X	Y	Z
1. Time table of course content	13	9	3
2. Course work book	18	6	1
3. Key Note addresses	16	8	1
4. Group work	13	8	5
5. Group organisation	11	9	5
6. Venue of group work	11	10	4
7. Audiovisual arrangements	16	8	1
8. Course administration	14	6	5
9. Additional reading material	8	11	6
10. Off time discussion	8	12	5

Contd..

Response Key:

X	=	Very helpful
Y	=	Fairly helpful
Z	=	Needs Improvement

		Keynote Address			Group Work		
		X	Y	Z	X	Y	Z
1.	Introductory lectures	10	14	1			
2.	Essay questions	10	13	2	9	9	4
3.	Short answer questions	17	9	0	14	9	2
4.	M.C.Q.	19	6	1	16	6	1
5.	O.S.C.E./O.S.P.E.	14	10	1	14	7	2
6.	Viva Voce	13	7	4			
7.	Attitudes	13	6	5			
8.	Evaluation of teaching	16	7	1			

